

Quality Payment Program and Physician Compare Fact Sheet

What you need to know for Performance Year 2018

Overview

This fact sheet provides information about the Quality Payment Program and how it relates to [Physician Compare](#).¹ Physician Compare is a website that helps Medicare patients and caregivers make informed decisions about the clinicians and groups they visit. Physician Compare also incentivizes clinicians and groups to improve patient care.

This document is organized into the following sections:

- [What is the Quality Payment Program and how does it relate to Physician Compare?](#)
- [MIPS on Physician Compare](#)
- [APMs on Physician Compare](#)
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What is the Quality Payment Program, and how does it relate to Physician Compare?

The [Quality Payment Program](#), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program that rewards physicians and other eligible clinicians based on value and outcomes in two tracks: the Merit-based Incentive Payment System (MIPS) or Alternative Payment Models (APMs). See the “[Learn More](#)” section of this fact sheet for a general overview of each track.

Per the CY 2018 Quality Payment Program final rule ([82 FR 53819 through 53932](#)), 2018 Quality Payment Program performance information (year 2) is available for public reporting on [Physician Compare](#). This means that performance information submitted under MIPS and APMs is available for public reporting, if technically feasible; and if the performance information meets our established Physician Compare public reporting standards (§414.1395(b)), which are summarized on the next page. In addition, section

¹ The term “Physician Compare” is defined as “Physician Compare and/or successor website”

1848(q)(9)(A) of MACRA requires public reporting of eligible clinicians' MIPS final score and MIPS performance category scores on Physician Compare.

CMS will provide a 60-day Preview Period for clinicians and groups with Performance Year 2018 Quality Payment Program performance information to review their data before it is publicly reported on Physician Compare (§414.1395(d)).

What are the established Physician Compare public reporting standards?

All performance information on Physician Compare must meet the established public reporting standards, except as otherwise required by statute (§414.1395(b)). To be included in the Physician Compare [Downloadable Database](#), performance information must:

- Be statistically valid, reliable, and accurate;
- Be comparable across collection types; and
- Meet the minimum reliability threshold, as determined by statistical testing.

To be included on Physician Compare public-facing profile pages, performance information must also resonate with Medicare patients and caregivers, as determined by user testing.

Additionally, quality and cost measures in their first two years of use will not be publicly reported on Physician Compare (§414.1395(c)).

MIPS on Physician Compare

What MIPS performance information will be publicly reported on Physician Compare?

All performance information submitted under MIPS by eligible clinicians and groups – as well as by non-MIPS eligible clinicians and groups who voluntarily reported performance information – via all collection types is available for public reporting on Physician Compare, if technically feasible and if the performance information meets our established Physician Compare public reporting standards.

Performance Year 2018 Quality Payment Program performance information is available for public reporting on Physician Compare starting in 2020.

The 2018 MIPS performance information available for public reporting on Physician Compare starting in 2020 includes:

- Quality,
- Promoting Interoperability (PI),
- Improvement Activities (IA),
- Cost²,
- Performance category scores, and
- Final score.

How will MIPS performance information display on Physician Compare?

Physician Compare will display publicly reported MIPS performance information similarly to how performance information was displayed in prior years. Measures submitted as part of a group will appear only on the group's profile page. Measures submitted by an individual clinician will appear only on the clinician's profile page. MIPS performance information is also available for public reporting via the Physician Compare [Downloadable Database](#). Table 1 summarizes the types of information targeted for public reporting and the anticipated location on Physician Compare.

Table 1. Information Targeted for Public Reporting

Type of Information	Profile Pages	Downloadable Database
2018 MIPS Performance Information	✓	✓
Quality measures	✓	✓
Quality performance category score	--	✓
Promoting Interoperability measures & attestations	✓	✓
Promoting Interoperability performance category score	--	✓
Improvement Activities	✓	✓
Improvement Activities performance category score	--	✓
Cost measures ^a	n/a	n/a
Cost performance category score	--	✓
Final score	--	✓
2018 Aggregate Performance Information	--	✓
2017 Utilization Data	--	✓

^a Physician Compare will not publicly report 2018 cost measure performance information as it does not meet public reporting standards.

Details about the display of MIPS performance information, performance category scores, final scores, and aggregate performance information are provided below.

² Physician Compare will not publicly report 2018 cost measure performance information as it does not meet public reporting standards

Quality

The Quality performance category assesses the quality of care that clinicians and groups deliver using performance measures. The 2018 Quality performance information is displayed at the measure level similarly to how performance information was displayed in prior years. This includes:

- Star ratings³ for 2018 MIPS and Qualified Clinical Data Registry (QCDR) quality measures
- Top-box scores as percentages for the 2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS measures (groups only)

2018 Quality performance category scores will be publicly reported in the Physician Compare Downloadable Database.

Promoting Interoperability

The Promoting Interoperability (PI) performance category rewards clinicians for promoting patient engagement and the electronic exchange of information using certified Electronic Health Record (EHR) technology, such as proactively sharing information with other clinicians or the patient. Starting with performance year 2018, first year Promoting Interoperability measures and attestations are available for public reporting ([82 FR 53827](#)). The 2018 Promoting Interoperability performance information will be displayed in the following ways:

- Indicator on profile pages for clinicians and groups that successfully submitted 2018 PI performance information
- Star ratings for 2018 Promoting Interoperability measures (2014 CEHRT and 2015 CEHRT)
- Checkmarks for Promoting Interoperability attestations (2014 CEHRT and 2015 CEHRT)

2018 Promoting Interoperability performance category scores will be publicly reported in the Physician Compare Downloadable Database.

Improvement Activities

The Improvement Activities (IA) performance category rewards clinicians for focusing on activities that improve patient care. This performance category allows clinicians to choose from many activities to demonstrate their performance on improving patient care, which are available for public reporting. The IA category score will be publicly reported in the Physician Compare Downloadable Database. All 2018 activities are available for public reporting on Physician Compare. Starting with performance year 2018, first-year activities are available for public reporting ([82 FR 53826](#)). A maximum of 10 attestations per profile page will be reported according to user preference. For reporters with more than 10 attestations, the 10 most highly reported attestations by entity will be selected for public reporting on profile pages.

³ Additional information about the Physician Compare star ratings and benchmarks is available on the [Physician Compare Initiative Page](#).

All 2018 Improvement Activity attestations will be publicly reported in the Physician Compare Downloadable Database.

2018 Improvement Activities performance category scores will be publicly reported in the Physician Compare Downloadable Database.

Cost

Although Cost performance information is available for public reporting, Physician Compare will not publicly report 2018 cost measure data as they do not meet public reporting standards.

2018 Cost performance category scores will be publicly reported in the Physician Compare Downloadable Database.

Final Score

The 2018 MIPS final score is available for public reporting on Physician Compare and will be publicly reported in the Physician Compare Downloadable Database.

Utilization Data

As required by MACRA, the Physician Compare Downloadable Database includes [utilization data](#), which provides information on services and procedures provided to Medicare beneficiaries by clinicians. A subset of the 2017 utilization data will be included in the Downloadable Database when it is updated.

Aggregate Data

Aggregate performance information will be publicly available on Physician Compare in downloadable format and updated periodically beginning with performance year 2018.

Targeted Review

If your performance information (including final score) changes as a result of the Targeted Review, please check your updated Performance Feedback. This is important to ensure your Targeted Review is complete and to preview your updated performance information before it goes live on Physician Compare. Updated performance information will not be released on Physician Compare profile pages or in the Downloadable Database until all Targeted Reviews have been completed.

Which 2018 MIPS performance information will be available during the Physician Compare 60-day Preview Period?

Each year, in accordance with the established Physician Compare public reporting standards, the MIPS performance information is analyzed through statistical and user testing to determine which specific MIPS performance information will be included on public-facing profile pages or in the [Downloadable Database](#). We anticipate previewing and publicly reporting a subset of 2018 Quality, Promoting Interoperability, and Improvement Activities performance information on Physician Compare. The list of performance information targeted for public reporting will be available on the [Physician Compare Initiative Page](#) in the following documents:

- Individual Clinician Performance Information on Physician Compare: Performance Year 2018 Preview Period
- Group Performance Information on Physician Compare: Performance Year 2018 Preview Period

What collection types are targeted for Physician Compare public reporting?

All collection types used to submit 2018 MIPS performance information are available for public reporting on Physician Compare. This includes Electronic Health Record (EHR), Qualified Clinical Data Registry (QCDR), Qualified Registry, CMS Web Interface, Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey and claims. Information about the collection types targeted for preview and public reporting for each measure will be available on the [Physician Compare Initiative Page](#) in the following documents:

- Individual Clinician Performance Information on Physician Compare: Performance Year 2018 Preview Period
- Group Performance Information on Physician Compare: Performance Year 2018 Preview Period

Can I preview my MIPS performance information before it is publicly reported on Physician Compare?

Yes. We established via rulemaking that for each performance year, clinicians and groups with Quality Payment Program performance information will have 60 days to preview their performance information before the data are publicly reported on Physician Compare (§414.1395(d)). The 60-day Preview Period is an opportunity for eligible clinicians and groups to preview their 2018 MIPS performance information before it appears on Physician Compare. All performance information targeted for public reporting on Physician Compare (objectives, activities, measures, and scores) is available for review during the 60-day Preview Period.

Will 2018 MIPS performance information submitted by clinicians and group who were not MIPS eligible be displayed on Physician Compare?

Clinicians and groups who submitted MIPS performance information but were not MIPS eligible during performance year 2018 (i.e. “voluntary reporters”) may have performance information publicly reported on Physician Compare. 2018 MIPS performance information submitted by voluntary reporters is available for public reporting on Physician Compare unless they opt-out of public reporting. Voluntary reporters may opt-out of having their performance information publicly reported on Physician Compare during the 60-day Preview Period ([82 FR 53830](#)).

Clinicians who participated in a MIPS APM in performance year 2018 may opt out of having measure- and attestation-level performance information publicly reported on Physician Compare. MIPS final scores and performance category scores earned by clinicians who participated in MIPS APMs will be publicly reported in the Physician Compare Downloadable Database.

Voluntary reporting does not apply to clinicians who participated in an Advanced APM and were considered Qualifying APM Participants (QPs) during performance year 2018.

Will performance information from virtual groups be displayed on Physician Compare?

Not at this time. However, in future years, we will evaluate how this information could potentially be included on Physician Compare.

APMs on Physician Compare

Physician Compare is targeting to publicly report information about 2018 APM participation. We anticipate displaying this information in the following ways:

- [Next Generation](#) or [Medicare Shared Savings Program \(Shared Savings Program\)](#) ACOs will have ACO profile pages with performance scores on Physician Compare;
- Groups that participated in Next Generation or Medicare Shared Savings Program (Shared Savings Program) ACOs will have an indicator of APM participation on their group profile page. Physician Compare will also link groups to their affiliated ACO profile pages;
- Clinicians or groups will have an indicator of APM participation on their profile pages, if they participated in the following APMs:
 - [Accountable Health Communities Model](#)
 - [Bundled Payments for Care Improvement \(BPCI\) Advanced](#)
 - Bundled Payments for Care Improvement (BPCI) [Model 2](#), [Model 3](#), and [Model 4](#)
 - [Comprehensive Joint Replacement \(CJR\)](#)
 - [Comprehensive End-Stage Renal Disease Care \(CEC\)](#)
 - [Comprehensive Primary Care Plus \(CPC+\)](#)

- [Frontier Community Health Integration Project Demonstration](#)
- [Initiative to Reduce Avoidable Hospitalization Among Nursing Facility Residents: Phase 2](#)
- [Maryland All Payer Hospital Model](#)
- [Million Hearts: Cardiovascular Disease Risk Reduction](#)
- [Oncology Care Model](#)
- [Transforming Clinical Practice Initiative](#)

Clinicians who participated in an APM and submitted performance information as individual clinicians in 2018 may or may not have individual performance information available on their profile pages.

Qualifying APM Participants in Advanced APMs	Clinicians in MIPS APMs	Clinicians in All Other APM Types
MIPS performance information submitted by a Qualifying APM Participant in an Advanced APM as an individual will NOT be publicly reported on the clinician's profile page.	MIPS performance information submitted by an eligible clinician with a TIN/NPI in a MIPS APM: <ul style="list-style-type: none"> • May be available for public reporting on their clinician profile page. • Is eligible for opt-out during the Physician Compare Preview Period. 	MIPS performance information submitted by an eligible clinician in APMs that are neither an Advanced APM nor a MIPS APM may be publicly reported on their clinician profile page.

Learn More

Public reporting and Physician Compare: Visit the [Physician Compare Initiative page](#). Contact the Physician Compare support team at PhysicianCompare-Helpdesk@AcumenLLC.com.

The Quality Payment Program: Visit the [Quality Payment Program website](#). Submit questions to the Quality Payment Program Help Desk at QPP@cms.hhs.gov.

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